ATTORNEY DOCKET NO. 10013274-1 **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

the enecification of wh	nich is attached herete ur	nless the following box is	checked:			
() was filed on as US Application No. or PCT International Application Number and was amended on (if applicable).						
Number						
ncluding the claims, a disclose all information foreign Application(s) and/or hereby claim foreign priorit nventor(s) certificate listed	is amended by any amer which is material to pate r Claim of Foreign Priority ty benefits under Title 35, Unit below and have also identified	ndment(s) referred to abo entability as defined in 37 ted States Code Section 119 o below any foreign application for	e above-identified specification ive. I acknowledge the duty to CFR 1.56. f any foreign application(s) for patent or pratent or inventor(s) certificate havin			
	ne application on which priority					
COUNTRY	APPLICATION NUMB	ER DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			YES: NO:			
			YES: NO:			
Provisional Application						
I hereby claim the benefit u pelow:	nder Title 35, United States Co	ode Section 119(e) of any Unit	ed States provisional application(s) liste			
	APPLICATION NUMBER	FILING DATE				
J. S. Priority Claim						
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			5 (patented/pending/abandoned)			
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Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

Full Name of # 2 joint inventor:	: Michelle Kathleen Vendelin		Citizenship: US		
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Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 4 joint inventor	•		Citizenship:		
Residence:	n				
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 5 joint invento	r:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint invento	r:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
inventor a dignature		Date			
			Obliganishing		
Full Name of # 7 joint invento	or:		Cîtizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 8 joint invente	or:		Citizenship:		
Residence:					
Post Office Address:					
, out office Addisso.					
Inventor's Signature		Date			